FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	0	(See instruction	_	N				0//				
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar	nple: If typyir the lines	ng, type	12F	E4M	1 1	ce use onl	у 		
ı İndividuals De	edicated to Ethics	and Şciençe PA	C,									1
	l IDEA	S PAC										
ADDRESS (number and	street)	<u>                                     </u>										
(Check if addr is changed)	ess Penv				1	l Ç	 Ој	<del>                                     </del>	. 8020		<u> </u>	I
									<u> </u>	<u> </u>		ш
COMMITTEE'S E-MA	IL ADDRESS		CITY			STAT	E▲		ZIF	CODE	<b>.</b>	
fbdiamond@a	tt.net											لب
	<u> </u>										L_	لــــــا
COMMITTEE'S WEB	PAGE ADDRESS (UI	RL)										'
http://www.id	easpac.com			1111	111	111	1 1	1 1	1 1		ı	
<u> </u>				1 1 1 1	111		1 1	1 1	1 1			
2. DATE 0.5	4 / D D / Y											
3. FEC IDENTIFICA	ATION NUMBER	(	C COO	380675								
4. IS THIS STATEM	MENT NEW	'(N) OR	Х	AMENI	DED (A)							
I certify that I have exam  Type or Print Name of	-	to the best of my knov	vledge an	d belief it is tr	ue, correct a	and comp	lete					
Signature of Treasurer	. Electronically Filed	d by <b>Faye Diam</b>	ond			Date	<b>0</b>	<b>5</b> <sup>M</sup>	2 1	/ <b>Y</b>	2	0 0 8
NOTE: Submission of fa		plete information may							of 2 U.S.0	C. S437	'g.	
Office Use Only				For further i Federal Elec Toll Free 800 Local 202-69	tion Commi 0-424-9530		:		FEC (Revise	FOR ed 02/20		

FE3AN042.PDF

	FEO <b>Fo</b> rn	n 1 (Revised 02/2003)	Page 2
5.	TYPE OF COM	MMITTEE (Check One)	
	(a) (b)	This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate	information below.)	
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
L	NONE		
L			
	Mailing Addres	ss	
		CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE
	Relationship		
	Type of Conne	ected Organization:	
	Corpo	oration Corporation w/o Capital Stock Labor Orga	nization
	Meml	bership Organization Trade Association Cooperative	

FE	C Form 1 (Revised 02/2003)			Page 3
Write or Typ	pe Committee Name			
Indivi	duals Dedicated to Ethic	s and Science PAC		
	ian of Records: Identify by ssion of Committee books		per optional), and position of the	ne person in
Full Nan	me Faye Diamon	<b>.</b>		
Mailing A	Address	1900 Grant St		
		Ste 1170		
		Denver		80203
Title or F	Position ▼	CITY A	STATE▲	ZIP CODE A
	Treasurer		303 Telephone number	832 2444
Full Nam of Treas	Faye Diamon	d 1900 Grant St		
		Ste 1170		
		Denver		80203
Title or F	Position ♥	CITY A	STATE.▲	ZIP CODE A
	Treasurer		Telephone number	832 2444
Full Nan Designa Agent				
Mailing A	Address			
Title or F	Position ♥	CITY A	STATE A	ZIP CODE A
			Telephone number	

FEC Form 1	(Revised 02/2003)	Page 4
	s or maintains funds.	ounts, rents
Name of Bank, Dep	pository, etc.	
	Colorado Business Bank	
Mailing Address	821 17th St	1 1 1 1 1 1
	Denver CO 8	0202
	CITY A STATE A	ZIP CODE 🛕
Name of Bank, Dep	pository, etc.	
Mailing Address		

CITY 🗻

ZIP CODE 🛕

STATE ▲